DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA

Chair's Letter Request Form

Instructions :

Please complete this form and attach your CV and personal statement. All three items may be dropped off at the Chair's Office. If for Dr. Tillisch, please drop off at his office with his assistant, Dale Best. (office: 7236, Ronald Reagan UCLA Medical Center; phone: 310-206-2006)

Full Name (*please print*):_____

1. Please outline your plans for postgraduate education.

2. What are your ultimate goals in medicine?

3. Have you completed a research project in medical school?

4. Please add other information that you feel would help us further your candidacy (i.e. USMLE scores, committees, community service, hobbies, honors, awards, LODs, etc.)

5. Comment on any restrictions to your residency application (i.e. geographic, military service, etc.).

Note: Allow at least 2 weeks for letter preparation. Letters will be sent directly to the SAO and uploaded to ERAS.